
 Department of Veterans Affairs				FUNDS TO BE CREDITED	RECEIPT NO.	
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020	C	
NAME OF PATIENT				SOCIAL SECURITY NO. (<i>Ident. No.</i>)	AMOUNT	DATE
					\$	
CHECK NO.	DATE	BANK NO.	CREDIT DEFERRED UNTIL	DESCRIPTION OF OTHER REMITTANCE		
				<input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TREASURY CHECK <input type="checkbox"/> OTHER (<i>Specify</i>)		
NAME OF REMITTER				PURPOSE		
				<input type="checkbox"/> USE OF PATIENT <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER (<i>Specify</i>)		
Receipt is hereby acknowledged of the amount stated above - checks accepted subject to collection.						
STATION NO.	LOCATION		INITIAL RECEIPTOR		AGENT CASHIER	

VA FORM
OCT 1992(R)

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TO REMITTER 1

 Department of Veterans Affairs				FUNDS TO BE CREDITED	RECEIPT NO.	
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020	C	
NAME OF PATIENT				SOCIAL SECURITY NO. (<i>Ident. No.</i>)	AMOUNT	DATE
					\$	
CHECK NO.	DATE	BANK NO.	CREDIT DEFERRED UNTIL	DESCRIPTION OF OTHER REMITTANCE		
				<input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TREASURY CHECK <input type="checkbox"/> OTHER (<i>Specify</i>)		
NAME OF REMITTER				PURPOSE		
				<input type="checkbox"/> USE OF PATIENT <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER (<i>Specify</i>)		
Receipt is hereby acknowledged of the amount stated above - checks accepted subject to collection.						
STATION NO.	LOCATION		INITIAL RECEIPTOR		AGENT CASHIER	

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TO PATIENTS FUNDS ACCOUNTS 2

 Department of Veterans Affairs				FUNDS TO BE CREDITED	RECEIPT NO.	
FIELD SERVICE RECEIPT - PATIENT'S FUNDS				DEPOSITS, PERSONAL FUNDS OF PATIENTS-SYMBOL 36X6020	C	
NAME OF PATIENT				SOCIAL SECURITY NO. (<i>Ident. No.</i>)	AMOUNT	DATE
					\$	
CHECK NO.	DATE	BANK NO.	CREDIT DEFERRED UNTIL	DESCRIPTION OF OTHER REMITTANCE		
				<input type="checkbox"/> CASH <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> TREASURY CHECK <input type="checkbox"/> OTHER (<i>Specify</i>)		
NAME OF REMITTER				PURPOSE		
				<input type="checkbox"/> USE OF PATIENT <input type="checkbox"/> CLOTHING <input type="checkbox"/> OTHER (<i>Specify</i>)		
Receipt is hereby acknowledged of the amount stated above - checks accepted subject to collection.						
STATION NO.	LOCATION		INITIAL RECEIPTOR		AGENT CASHIER	

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TO ACCOUNTING SECTION 3